

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Lonegan for Congress

ADDRESS (number and street) 5 Halifax Ct
 Check if different than previously reported. (ACC) Marlton NJ 08053

2. **FEC IDENTIFICATION NUMBER** ▼ C00555284 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
NJ 03

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2015 through 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Elizabeth Curtis
Signature of Treasurer Elizabeth Curtis *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 13 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Lonigan for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	298.00	79228.45
(b) Total Contribution Refunds (from Line 20(d))	0.00	4200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	298.00	75028.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1036.73	84349.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1036.73	84349.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	43.04	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	342452.23	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Lonegan for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100.00	25136.00
(ii) Unitemized	198.00	54092.45
(iii) TOTAL of contributions from individuals	298.00	79228.45
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	298.00	79228.45
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	298.00	79228.45

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1036.73	84349.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	4200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1036.73	88549.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	781.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	298.00
25. SUBTOTAL (add Line 23 and Line 24).....	1079.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1036.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	43.04

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 19
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Longan for Congress

A. Full Name (Last, First, Middle Initial)
Ms De Ette Ette Barner

Mailing Address 718 La Portada St

City South Pasadena State CA Zip Code 91030-3627

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **313.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2015

Transaction ID : SA11AI.4820

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Roberta W Hillman

Mailing Address PO Box 332

City Chilmark State MA Zip Code 02535-0332

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period
 2600.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Roberta W Hillman

Mailing Address PO Box 332

City Chilmark State MA Zip Code 02535-0332

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11AI.4817

Amount of Each Receipt this Period
 -2600.00

Reattribute:

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

-2500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4755

Roberta Hillman was reallocated the \$2,600, and this will reflect in the October 15 report as the contribution was not entered until 6/30/2015.

Form/Schedule: SA11AI

Transaction ID: SA11AI.4817

Roberta Hillman was refunded the \$2,600, and this will reflect in the October 15 report as the contribution was not entered until 6/30/2015.

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Longan for Congress

A. Full Name (Last, First, Middle Initial)
Mr. T. Hillman

Mailing Address 504 W. Bleeker St

City Aspen State CO Zip Code 81611

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period
 2600.00

Reattribute:

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Lonegan for Congress

Full Name (Last, First, Middle Initial) A. Capitol Caging Corp		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 33.69
City STERLING State VA Zip Code 20166	Category/Type	
Purpose of Disbursement Fundraising	Candidate Name Lonegan for Congress	Transaction ID : SB17.4828
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Direct Support Systems Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 4095 River Forth Dr		Amount of Each Disbursement this Period 175.50
City Fairfax State VA Zip Code 22030	Category/Type	
Purpose of Disbursement Fundraising	Candidate Name Lonegan for Congress	Transaction ID : SB17.4829
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 39.75
City Fairfax State VA Zip Code 22030	Category/Type	
Purpose of Disbursement Fundraising	Candidate Name Lonegan for Congress	Transaction ID : SB17.4822
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	248.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Lonegan for Congress

Full Name (Last, First, Middle Initial) A. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 31.00 Transaction ID : SB17.4823
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Category/ Type
Candidate Name Lonegan for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 03	

Full Name (Last, First, Middle Initial) B. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 48.22 Transaction ID : SB17.4824
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Category/ Type
Candidate Name Lonegan for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 03	

Full Name (Last, First, Middle Initial) c. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 10.94 Transaction ID : SB17.4825
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Fundraising	Category/ Type
Candidate Name Lonegan for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 03	

SUBTOTAL of Disbursements This Page (optional).....	90.16
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lonegan for Congress

Full Name (Last, First, Middle Initial) A. First Virginia Community Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 11325 Random Hills Rd		Amount of Each Disbursement this Period 9.71 Transaction ID : SB17.4826
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Fundraising	
Candidate Name Lonegan for Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) B. Legacy Lists Inc - Brokerage		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 1155 - 15th Street NW Suite 410		Amount of Each Disbursement this Period 493.22 Transaction ID : SB17.4827
City State Zip Code Washington DC 20005	Purpose of Disbursement Fundraising	
Candidate Name Lonegan for Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) c. Simpkins Escrow LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 194.70 Transaction ID : SB17.4830
City State Zip Code UNIONVILLE VA 22567	Purpose of Disbursement Fundraising	
Candidate Name Lonegan for Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

SUBTOTAL of Disbursements This Page (optional).....	697.63
TOTAL This Period (last page this line number only).....	1036.73

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4502**
Lonegan for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Steven Lonegan	Election: 2014 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼
Mailing Address 212 Larch Ave	

City	State	ZIP Code
Bogota	NJ	07603

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 09 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4502

(Current loan amount of 50000.00 from a balance of 100000.00 has been forgiven per candidate letter dated 11/24/2014)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4499**
Lonegan for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Steven Lonegan	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 212 Larch Ave	

City	State	ZIP Code
Bogota	NJ	07603

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 16 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4501**
Lonegan for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Steven Lonegan	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 212 Larch Ave	

City	State	ZIP Code
Bogota	NJ	07603

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 23 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Lonegan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Base Connect, Inc.		Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410		
City State	Zip Code	
Washington DC	20005	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4539	
5725.37		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5725.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Base Connect, Inc.		Nature of Debt (Purpose): Fundraising
Mailing Address 1155 15th St NW Suite 410		
City State	Zip Code	
Washington DC	20005	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4524	
30605.27		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	30605.27

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206		
City State	Zip Code	
Sterling VA	20166	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4541	
225.62		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	225.62

1) SUBTOTALS This Period This Page (optional)	36556.26
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206		
City Sterling	State VA	Zip Code 20166

Outstanding Balance Beginning This Period 5769.48	Transaction ID : SD10.4552	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5769.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206		
City Sterling	State VA	Zip Code 20166

Outstanding Balance Beginning This Period 5532.90	Transaction ID : SD10.4555	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5532.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206		
City Sterling	State VA	Zip Code 20166

Outstanding Balance Beginning This Period 9421.05	Transaction ID : SD10.4583	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9421.05

1) SUBTOTALS This Period This Page (optional)	20723.43
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Consolidated Mailing Services		Nature of Debt (Purpose): Fundraising
Mailing Address 504 Shaw Rd Suite 206		
City State	Zip Code	
Sterling VA	20166	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4811	
<input type="text" value="14548.45"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="14548.45"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integram		Nature of Debt (Purpose): Fundraising
Mailing Address 22695 Commerce Center Ct		
City State	Zip Code	
Dulles VA	20166	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4548	
<input type="text" value="7661.09"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="7661.09"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage		Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410		
City State	Zip Code	
Washington DC	20005	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4514	
<input type="text" value="1199.54"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1199.54"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="23409.08"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 5793.47	Transaction ID : SD10.4538	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5793.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc - Brokerage	Nature of Debt (Purpose): Fundraising
Mailing Address 1155 - 15th Street NW Suite 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 2306.91	Transaction ID : SD10.4547	
Amount Incurred This Period 0.00	Payment This Period 493.22	Outstanding Balance at Close of This Period 1813.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc. - Mgmt	Nature of Debt (Purpose): Fundraising
Mailing Address 1155- 15th St NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 1884.93	Transaction ID : SD10.4535	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1884.93

1) SUBTOTALS This Period This Page (optional)	9492.09
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Lonegan for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Legacy Lists Inc. - Mgmt	Nature of Debt (Purpose): Fundraising
Mailing Address 1155- 15th St NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="2271.37"/>	Transaction ID : SD10.4540	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2271.37"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2271.37"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="92452.23"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="250000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="342452.23"/>